NOTICE OF AMENDED ADVERSE ACTION (1000)

(September 1988)

Extending Time for Meeting/Decision which requires change in effective date of adverse action

Employee's name & Social Security Number Civil service classification (use address were served, either office or home)

TO:

On (meeting date), a meeting was scheduled for you with (name), the Skelly Hearing Officer, to allow you to respond to the charges in the Notice Of Adverse Action dated (date).

(Use applicable paragraph for reason for extension of time)

At that meeting, (Skelly Hearing Officer) agreed to postpone the hearing to allow you ample time to prepare your response.

OR

(Skelly Hearing Officer) has indicated additional time is required to gather facts before a decision can be reached.

OR

Prior to that meeting, (Skelly Hearing Officer) agreed to postpone the meeting to allow you ample time to prepare your response.

(Use applicable paragraph for type of adverse action)

(Official Reprimand or Dismissal)

Therefore, the Notice of Adverse Action of Official Reprimand in/Dismissal from your position of (civil service class) with the Department of Forestry and Fire Protection, (region or section), at (location), effective at (time) on (date) is hereby amended. The amended effective date is (time) on (date).

(Suspension)

Therefore, the Notice of Adverse Action of Suspension from your position of (civil service class) with the Department of Forestry and Fire Protection, (region or section), at (location), effective at (time) on (date) through and concluding at (time) on (date) is hereby amended. The amended effective date is (time) on (date) through and concluding at (time) on (date).

(Reduction in Salary)

Therefore, the Notice of Adverse Action effective at (time) on (date) reducing your salary steps from (rate) to (rate) per month in your position as (class) with the Department of Forestry and Fire Protection, (region or section) at the (location) is hereby amended. It will be effective at (time) on (date) through and concluding at (time) on (date).

(Demotion for Unspecified Time)

Therefore, the Notice of Adverse Action of Demotion from your position of (civil service class) with the Department of Forestry and Fire Protection, (region or section) at (location), effective at (time) on (date) is hereby amended. The effective date of your appointment as (civil service class demoted to) at salary of (rate) per month will be effective at (time) on (date).

(Demotion for Specified Time)

Therefore, the Notice of Adverse Action of Demotion from your position of (civil service class) with the Department of Forestry and Fire Protection, (region or section) at (location) effective at (time) on (date) through and concluding at (time) on (date) is hereby amended to be effective at (time) on (date) through and concluding at (time) on (date).

Dated:

(signed by person who signed original notice of adverse action)

cc: Skelly Hearing Officer
Employee's immediate supervisor
Person who signed adverse action